

Subcontractor/Lower-Tier/Consultant Name: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Number: \_\_\_\_\_

**WORK CERTIFICATE for CONTRACTORS  
BEFORE BEGINNING THEIR WORK on PUBLIC PROJECTS**

**Certification Requirements of RSA 21-I:80 and RSA 228:4-b**

By New Hampshire law, before any work is done on any major state project or any work on any highway, bridge or other construction, reconstruction, alteration or maintenance project, each contractor, subcontractor and independent contractor shall complete and sign this form and provide the following documents:

1. Attach a certificate of your current workers' compensation insurance coverage, naming NH Department of Transportation, Office of Federal Compliance, 7 Hazen Drive, Concord, NH 03302-0483 as the certificate holder, showing coverage specific for work within the State of New Hampshire. **[Note that any person directly performing work on a project must be covered by such workers' compensation coverage under RSA 281-A, and you will not permit or direct any person excluded from your coverage to work on the project.]**

2. Provide below an estimate of the total number of workers anticipated to be employed on the project during the contract period, and a number of days (8-hour periods), applied to each insurance classification code applicable to the work to be performed:

<u>Number of workers</u>	<u>Days</u>	<u>Classification code &amp; description of work</u>

[Attach additional sheets as necessary]

3. Provide proof of compliance with NH Department of Labor safety program requirements under RSA 281-A:64, in the following form:

a. By signing and submitting this form, you agree to provide employees with safe employment; to furnish personal protective equipment, safety appliances and safeguards; to ensure that such equipment, appliances and safeguards are used regularly; and to adopt work methods and procedures which will protect the life, health and safety of employees.

b. Do you have 15 or more employees? **YES** or **NO** (Please Circle One)

If yes, you agree to administer a joint loss management committee composed of the following named persons:

Employer representative(s):

Employee representative(s):

c. Do you have 15 or more employees? **YES** or **NO** (Please Circle One)

If yes, you are required to prepare a written safety program and file a Safety Summary Form with the Commissioner of Labor; attach to this form the Safety Summary Form prepared under Department of Labor regulations Lab 515.16 and Lab 602.02. (This requirement applies to all employers, including non-resident employers. The Safety Summary Form can be downloaded from the NH Department of Labor website forms link at <http://www.nh.gov/labor/forms/safety-summary.htm>.)

**By signing and submitting this form, you are providing a sworn statement that workers' compensation coverage shall remain in effect, covering each person controlled or directed by you to work on the project, for the duration of his or her anticipated work on the project. Any person who fails to comply or who falsifies information is subject to a civil penalty of up to \$2,500 plus \$100 per person per day of noncompliance and shall not be allowed to bid or work on state projects for up to 5 years.**

Signed and submitted on this date: \_\_\_\_\_, 20\_\_

By this contractor, subcontractor or independent contractor:

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Owner or Authorized Executive signature: \_\_\_\_\_

Printed name and job title: \_\_\_\_\_

This Form and all supporting documentation shall be returned to the Prime Contractor, who shall forward it with each subcontractor approval submission to: NH DOT